

FILED FEB 7 1950

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 1631

Registrar's No. 9

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		State File No. 1631		Registrar's No. 9						
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).									
a. COUNTY Lafayette					a. STATE Missouri b. COUNTY Lafayette									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington									
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 N 17th St.					d. STREET ADDRESS (If rural, give location) 325 N 17th St.									
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE					
(Type or Print) LYDIA			(Month) (Day) (Year) Jan. 25 1950			Female			White					
a. (First)			b. (Middle)			c. (Last)			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)					
MARIE			MATTOX			Oot. 24, 1874			Married					
8. DATE OF BIRTH			9. AGE (In years last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY					
Oot. 24, 1874			75			Housewife			11. BIRTHPLACE (State or foreign country)					
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME					
St. Charles, Mo.			U.S.A.			Rudolph Dreyer			Eliza Goodbrok					
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME					
Frank Mattox									Frank Mattox, Lexington, Mo.					
18. CAUSE OF DEATH					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH				
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					10 years				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES					10 years				
					Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					10 years				
					DUE TO (b) Chronic Bronchitis and Asthma					10 years				
					DUE TO (c) Arteriosclerosis					10 years				
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.					4201				
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?				
										YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)					21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)					21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1940 to Jan 25, 1950, that I last saw the deceased alive on Dec 27, 1949, and that death occurred about 5:06:00 AM on the causes and on the date stated above.														
23a. SIGNATURE H. J. Meyer					23b. ADDRESS Lexington, Mo.					23c. DATE SIGNED 1/25/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial					24b. DATE 1/28/50					24c. NAME OF CEMETERY OR CREMATORY Machpelah				
24d. LOCATION (City, town, or county) Lexington, Mo.					24e. FUNERAL DIRECTOR'S SIGNATURE					24f. ADDRESS				
DATE REC'D BY LOCAL REG. 1/25/50					REGISTRAR'S SIGNATURE					FUNERAL DIRECTOR'S SIGNATURE				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 3  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Livingston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.